

**● PRINTER RUSH ●**  
**(PTO ASSISTANCE)**

Application :	Examiner :	GAU :
09/494183	Philpott, J	2665
From:	Location:	Date:
S.G.C.	IBD FMF FDC	12-29-04
Tracking #: 10047506		Week Date: 12-26-04

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	09-02-2004	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: *Improper Dependency: Original claim 15 depends upon higher numbered original claim 16. Please Resolve*

*-Thank You,*  
*[Signature]*

[XRUSH] RESPONSE:

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INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
REV 10/04